MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER **AS FILED** 1" AMENDMENT 2 ^{ad} AMENDMENT 1" AMENDMENT 2 [™] AMENDMENT IND. DEP. IND. DEP. IND. | DEP. IND. DEP. IND. DEP. IND. DEP. <u>94</u> TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. TOTAL TOTAL **CLAIMS**

PTO - 1360 (REV. 11/04)

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